IN PATIENT SUMMARY BILL

UHID	:	MH50297	Bill No	:	MMH/HM/IPH202400683
IP No	:	IPH2024000682	Bill Date	:	25/03/2024
Patient name	:	Mr.DEYVA SAGAYAM C	DOA	:	21/3/2024 10:15AM
Age	:	51 Y 0 M 4 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	20,500.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	4,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
6	EQUIPMENT	₹	3,500.00
7	GENERAL PROCEDURE	₹	25,500.00
8	IMPLANT	₹	60,781.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	29,534.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	5,600.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	59,032.00
15	PROFESSIONAL TEAM FEES	₹	23,803.00
16	RADIOLOGY	₹	4,000.00

Gross Amount	₹	**260,000.00**
Net Payable	₹	**260,000.00**
Advance Amount	₹	**260,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Sixty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	10,000.00
2	21/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	40,000.00
3	22/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	16,000.00
4	22/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	100,000.00
5	23/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
6	25/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	44,000.00